

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name MMA TRANSMEDIC AMBULANCE SERVICES, CORP.

2. All other names debtor used in the last 8 years  
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 66-0705890

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

Vinyeter Street 901  
Urb. Country Club  
San Juan, PR 00928

Number, Street, City, State & ZIP Code

San Juan  
County

PMB 547 PO BOX 6017  
Carolina, PR 00984-6017

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor  
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☐ Partnership (excluding LLP)  
☐ Other. Specify:

Debtor MMA TRANSMEDIC AMBULANCE SERVICES, CORP. Case number (if known) \_\_\_\_\_  
Name

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6219

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7  
☐ Chapter 9

☒ Chapter 11. Check all that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.  
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.** Case number (if known) \_\_\_\_\_  
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention? (Check all that apply.)**
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_
- Where is the property?** \_\_\_\_\_  
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

#### Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

15. Estimated Assets
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000                   | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000             | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million          | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

16. Estimated liabilities
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|---|--|

Debtor	<b>MMA TRANSMEDIC AMBULANCE SERVICES, CORP.</b>	Case number (if known)
Name		
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million
	<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million
		<input type="checkbox"/> \$1,000,000,001 - \$10 billion
		<input type="checkbox"/> \$10,000,000,001 - \$50 billion
		<input type="checkbox"/> More than \$50 billion

Debtor **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.** Case number (if known) \_\_\_\_\_  
Name

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 27, 2023**  
MM / DD / YYYY

**X /s/ Mayra Martinez Beltran**  
Signature of authorized representative of debtor  
  
Title **President**

**Mayra Martinez Beltran**  
Printed name

**18. Signature of attorney**

**X /s/ Enrique Almeida / Zelma Davila**  
Signature of attorney for debtor

Date **December 27, 2023**  
MM / DD / YYYY

**Enrique Almeida / Zelma Davila 217701/218913**  
Printed name

**Almeida & Davila, PSC**  
Firm name

**PO BOX 191757**  
**San Juan, PR 00919-1757**  
Number, Street, City, State & ZIP Code

Contact phone **(787)722-2500** Email address **info@almeidadavila.com**

**217701/218913 PR**  
Bar number and State

CERTIFIED COPY OF RESOLUTION OF THE BOARD OF DIRECTORS OF  
MMA TRANSMEDIC AMBULANCE SERVICES, CORP., FOR THE FILING OF  
A PETITION FOR REORGANIZATION UNDER CHAPTER 11  
OF THE BANKRUPTCY CODE

RESOLVED: Whereas the corporation is unable to meet its obligations as they mature; and

Whereas, creditors are threatening suit and have threatened to undertake steps to obtain possession of the corporation's assets; and

Whereas, it is apparent that the continuation of the affairs of the corporation without the protection of the Bankruptcy Court could result in the corporation's demise. Now therefore,

Be it resolved that a Petition in Proceedings for Reorganization under Chapter 11 of the Bankruptcy Code be filed by the corporation and that Mayra Martínez Beltrán as President, be and hereby is authorized to execute on behalf of the corporation all the necessary documents for the filing of a Petition for Reorganization under chapter 11 of the Bankruptcy Code; and be it further resolved;

That pursuant to 11 U.S.C. §1107, the corporation shall exercise the rights and powers set forth therein, subject to the provisions thereof and unless the United States Bankruptcy Court for the District of Puerto Rico provides or orders otherwise, the corporation will continue to operate its business and manage its affairs, as provided in 11 U.S.C. §1108.

That the firm Almeida & Dávila, P.S.C. be retained to act as counsel for the corporation in such reorganization proceedings or any other proceeding under the Bankruptcy Code.

The undersigned hereby certifies that she is the Sub-Secretary of MMA TRANSMEDIC AMBULANCE SERVICES, CORP., and that the above is a true and correct copy of a resolution adopted by the Board of Directors of said corporation at a duly constituted meeting held on the 24<sup>th</sup> day of December, 2023, in accordance with its corporate regulations; that quorum was present at said meeting; that said resolution has not been revoked, modified, annulled or amended in any manner whatsoever.

CORPORATE RESOLUTION

In witness hereof, I hereunto set my hand and certify the aforesaid and affix the seal of the corporation, this 27<sup>th</sup> day of December, 2023.



MAYRA MARTINEZ BELTRAN

SUB-SECRETARY OF MMA TRANSMEDIC AMBULANCE SERVICES, CORP.

I, Mayra Martínez Beltrán, Sub-Secretary of MMA Transmedic Ambulance Services, Corp., of legal age, married, and resident of Carolina, Puerto Rico, do hereby certify under penalty of perjury that the statements contained in the foregoing document are true according to the best of my knowledge, information and belief.

In San Juan, Puerto Rico this 27<sup>th</sup> day of December, 2023.



MAYRA MARTINEZ BELTRAN

SUB-SECRETARY OF MMA TRANSMEDIC AMBULANCE SERVICES, CORP

**Fill in this information to identify the case:**

Debtor name **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 202**

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 27, 2023**

**X /s/ Mayra Martinez Beltran**

Signature of individual signing on behalf of debtor

**Mayra Martinez Beltran**

Printed name

**President**

Position or relationship to debtor



**Fill in this information to identify the case:**

Debtor name **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**  
 United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders** 12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
AUTORIDAD DE ACUEDUCTOS Y ALCANTARIAL DIVISION DE QUIEBRAS PISO 3 PO BOX 7066 San Juan, PR 00916-7066		UTILITIES	Unliquidated			\$3,000.00
B2B Miramar Plaza 954 Avenida de la Constitucion Suite 601 San Juan, PR 00907		PETTY CASH LOAN				\$6,500.00
CAPITAL CROSSING PO BOX 70111 San Juan, PR 00936		LINE OF CREDIT				\$9,000.00
COOP A/C ORIENTAL BANKRUPTCY DEPT PO BOX 876 Humacao, PR 00792		COOPERATIVA A/C ORIENTAL - CHECKING, SAVINGS & SHARES ACCOUNT - Acct# 4420		\$24,900.00	\$0.00	\$24,900.00
FONDO DE SEGURO DEL ESTADO BANKRUPTCY DEPT PO BOX 70181 SAN JUAN, PR 00936		STATE INSURANCE FUND				\$2,000.00



Debtor **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
INMEDIATA HEALTH GROUP COPR 636 AVE SAN PATRICIO 3RD FLOOR San Juan, PR 00920		BILLING SYSTEM				\$1,096.00
ORIENTAL BANK BANKRUPTCY DEPT. PO BOX 195115 San Juan, PR 00919		CREDIT CARD				\$8,000.00
SMALL BUSINESS ADMINISTRATION 273 AVENIDA JUAN PONCE DE LEON San Juan, PR 00917		COMMERCIAL PROPERTY IMPROVEMENTS				\$37,800.00

Fill in this information to identify the case:

Debtor name **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>325,000.00</b>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>90,915.13</b>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>415,915.13</b>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>292,900.00</b>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>2,000.00</b>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>65,396.00</b>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>360,296.00</b>

**Fill in this information to identify the case:**

Debtor name **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206A/B Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor**

**Current value of debtor's interest**

**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **COOPERATIVA A/C ORIENTAL**

**CHECKING, SAVINGS & SHARES ACCOUNT**

**4420**

**\$1,000.00**

**4. Other cash equivalents (Identify all)**

**5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$1,000.00**

**Part 2: Deposits and Prepayments**

**6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

**11. Accounts receivable**

11a. 90 days old or less:

**13,066.54**

-

**6,533.27**

= ...

**\$6,533.27**

face amount

doubtful or uncollectible accounts

Debtor MMA TRANSMEDIC AMBULANCE SERVICES, CORP. Case number (If known) \_\_\_\_\_  
Name

11a. 90 days old or less: 8,067.30 - 4,033.65 = .... \$4,033.65  
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 3,210.64 - 1,605.32 = .... \$1,605.32  
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 6,905.78 - 3,452.89 = .... \$3,452.89  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$15,625.13

**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. **Office furniture**

Debtor MMA TRANSMEDIC AMBULANCE SERVICES, CORP.  
Name

Case number (If known) \_\_\_\_\_

**OFFICE FURNITURE AND OFFICE DECORATIONS:**

Computer: \$600

Telephone System: \$100

Desks: \$280.00

File Board: \$150.00

Executive chair: \$75.00

Sofa: \$100.00

Large file cabinet: \$300.00

Medium file cabinet: \$150.00

Small File cabinet: \$75.00

Microwave Oven: \$60.00

Small Kitchen Cabinet: \$150.00

Office Refrigerator: \$120.00

Air conditioner unit 36 btw: \$2,000.00

Various decorations: \$300.00

Office Dining set: \$100.00

Printers (2): \$130.00

First aid safe box: \$150.00

**\$1.00**

**\$4,840.00**

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$4,840.00**

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No

☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

**General description**

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

**Net book value of debtor's interest**  
(Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. **2014 FORD ECONOLINE E 350 SUPER AMBULANCE**  
**VIN NUMBER 1FDSS3EI0EDA86784**

**\$15,000.00**

**\$15,000.00**

47.2. **2017 FORD TRANSIT T-350 AMBULANCE**  
**VIN NUMBER: 1FBZX2YMXHKA84886**

**\$25,000.00**

**\$25,000.00**

Debtor MMA TRANSMEDIC AMBULANCE SERVICES, CORP. Case number (If known) \_\_\_\_\_  
Name

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*
49. **Aircraft and accessories**
50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**  
**MEDICAL EQUIPMENT USED FOR AMBULANCE SERVICES:**  
 Lifepad12L Monitor: \$500.00  
 Stretchers (2 Camillas Fernon ): \$600.00  
 Medical surgical equipment: \$1,200.00  
 IV Machine: \$600.00  
 Mechanic Ventilartor: \$200.00  
 Oxygen tanks (5): \$300.00  
 Immobilization equipment: \$550.00  
 Battery charger for monitor: \$150.00  
 Medication: \$450.00
- \$0.00** **\$4,450.00**

51. **Total of Part 8.** **\$44,450.00**  
 Add lines 47 through 50. Copy the total to line 87.

52. **Is a depreciation schedule available for any of the property listed in Part 8?**  
☒ No  
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**  
☒ No  
☐ Yes

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.  
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

Debtor MMA TRANSMEDIC AMBULANCE SERVICES, CORP. Case number (If known) \_\_\_\_\_  
Name

55.1. **COMMERCIAL REAL PROPERTY WITH LOCATED AT EXT COUNTRY CLUB , VINYATER STREET 901 SAN JUAN, PR. LOT OF APPROXIMATELY 400 SQUARE METERS; PURCHASED BY THE DEBTOR ON 5/23/2014 FOR \$80,000.**

<b>FEE SIMPLE</b>	<b>\$0.00</b>	<b>\$125,000.00</b>
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55.2. **REAL PROPERTY WITH COMMERCIAL AREA AND BATHROOM(S) LOCATED AT EXT COUNTRY CLUB , 900 GAVIOTA STREET. PURCHASED BY THE DEBTOR ON MARCH 3, 2015 FOR \$65,000.00.**

<b>FEE SIMPLE</b>	<b>\$0.00</b>	<b>\$200,000.00</b>
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56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

<b>\$325,000.00</b>
---------------------

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No

☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 10: Intangibles and intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. <b>Patents, copyrights, trademarks, and trade secrets</b>			
61. <b>Internet domain names and websites</b>			
62. <b>Licenses, franchises, and royalties</b>			



Debtor MMA TRANSMEDIC AMBULANCE SERVICES, CORP. Case number (If known) \_\_\_\_\_  
Name

**PUERTO RICO GOVERNMENT FRANCHISE  
FOR CARGO TRANSPORT - AMBULANCE  
SERVICES ISSUED BY THE  
TRANSPORTATION AND OTHER PUBLIC  
SERVICES DEPARTMENT. NON  
TRANSFERABLE.**

**\$0.00**

**\$25,000.00**

63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

**\$25,000.00**

Add lines 60 through 65. Copy the total to line 89.

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?

☒ No

☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor MMA TRANSMEDIC AMBULANCE SERVICES, CORP.  
Name

Case number (If known) \_\_\_\_\_

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$1,000.00</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$0.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$15,625.13</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$0.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$4,840.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$44,450.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$325,000.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$25,000.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>+</b> <b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$90,915.13</b>	<b>+ 91b. \$325,000.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$415,915.13</b>

Fill in this information to identify the case:

Debtor name **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

2.1 **COOP A/C ORIENTAL**

Creditor's Name

**BANKRUPTCY DEPT  
PO BOX 876  
Humacao, PR 00792**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number  
**4420**

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**COOPERATIVA A/C ORIENTAL - CHECKING, SAVINGS & SHARES ACCOUNT - Acct# 4420**

Describe the lien

**LINE OF CREDIT**

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes
- Is anyone else liable on this claim?
- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**\$24,900.00**

**\$0.00**

2.2 **COOPERATIVA SAN MIGUEL**

Creditor's Name

**#77 Calle Georgetti  
Naranjito, PR 00719**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe debtor's property that is subject to a lien

**REAL PROPERTY WITH COMMERCIAL AREA AND BATHROOM(S) LOCATED AT EXT COUNTRY CLUB , 900 GAVIOTA STREET. PURCHASED BY THE DEBTOR ON MARCH 3, 2015 FOR \$65,000.00.**

Describe the lien

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes
- Is anyone else liable on this claim?
- ☐ No
- ☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**\$185,000.00**

**\$200,000.00**

Debtor **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**

Case number (if known)

Name

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.3 MMG INVESTMENTS IV, LLC**

Creditor's Name

**C/O MIDWEST SERVICING  
3, INC.  
3144 S. WINTON RD.  
Rochester, NY 14623**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number  
0080**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**COMMERCIAL REAL PROPERTY WITH  
LOCATED AT EXT COUNTRY CLUB ,  
VINYATER STREET 901 SAN JUAN, PR. LOT  
OF APPROXIMATELY 400 SQUARE METERS;  
PURCHASED BY THE DEBTOR ON 5/23/2014  
FOR \$80,000.**

**\$71,000.00**

**\$125,000.00**

**Describe the lien**

**MORTGAGE**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.4 POPULAR AUTO INC.**

Creditor's Name

**BANKRUPTCY DEPT.  
PO BOX 366818  
SAN JUAN, PR 00936-6818**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number  
9654**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**2017 FORD TRANSIT T-350 AMBULANCE  
VIN NUMBER: 1FBZX2YMXHKA84886**

**\$12,000.00**

**\$25,000.00**

**Describe the lien**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$292,900.00**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

Debtor MMA TRANSMEDIC AMBULANCE SERVICES, CORP. Case number (if known) \_\_\_\_\_  
Name

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?

Last 4 digits of  
account number for  
this entity

JUEAN PAUL JULIA, ESQ.  
PO BOX 364908  
San Juan, PR 00936-4908

Line 2.3

ORIENTAL BANK  
BANKRUPTCY DEPT.  
PO BOX 195115  
San Juan, PR 00919

Line 2.3

0001

RIVERA MUNICH ELIZA & HERNANDEZ  
PO BOX 364908  
San Juan, PR 00936-4908

Line 2.3

Fill in this information to identify the case:

Debtor name **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p><b>FONDO DE SEGURO DEL ESTADO BANKRUPTCY DEPT PO BOX 70181 SAN JUAN, PR 00936</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number <b>2024</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>STATE INSURANCE FUND</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>\$2,000.00</b></p> <p><b>\$2,000.00</b></p>
2.2	<p>Priority creditor's name and mailing address</p> <p><b>INTERNAL REVENUE SERVICE BANKRUPTCY DEPT. PO BOX 7346 Philadelphia, PA 19101-7346</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>NOTICE ONLY</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>\$0.00</b></p> <p><b>\$0.00</b></p>

Debtor	<b>MMA TRANSMEDIC AMBULANCE SERVICES, CORP.</b>	Case number (if known)	
	Name		

  

2.3	Priority creditor's name and mailing address <b>PUERTO RICO TREASURY DEPARTMENT</b> <b>235 AVE ARTERIAL HOSTOS</b> <b>San Juan, PR 00918</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b> <b>\$0.00</b>
	Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>NOTICE ONLY</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>AUTORIDAD DE ACUEDUCTOS Y ALCANTARIALLAD</b> <b>DIVISION DE QUIEBRAS PISO 3</b> <b>PO BOX 7066</b> <b>San Juan, PR 00916-7066</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>UTILITIES</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,000.00</b>
3.2	Nonpriority creditor's name and mailing address <b>B2B</b> <b>Miramar Plaza 954</b> <b>Avenida de la Constitucion Suite 601</b> <b>San Juan, PR 00907</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>PETTY CASH LOAN</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,500.00</b>
3.3	Nonpriority creditor's name and mailing address <b>CAPITAL CROSSING</b> <b>PO BOX 70111</b> <b>San Juan, PR 00936</b>  Date(s) debt was incurred _____ Last 4 digits of account number <b>1891</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>LINE OF CREDIT</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,000.00</b>
3.4	Nonpriority creditor's name and mailing address <b>INMEDIATA HEALTH GROUP COPR</b> <b>636 AVE SAN PATRICIO</b> <b>3RD FLOOR</b> <b>San Juan, PR 00920</b>  Date(s) debt was incurred _____ Last 4 digits of account number <b>4102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>BILLING SYSTEM</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,096.00</b>
3.5	Nonpriority creditor's name and mailing address <b>ORIENTAL BANK</b> <b>BANKRUPTCY DEPT.</b> <b>PO BOX 195115</b> <b>San Juan, PR 00919</b>  Date(s) debt was incurred _____ Last 4 digits of account number <b>8744</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>CREDIT CARD</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,000.00</b>



Debtor **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**  
Name

Case number (if known)

3.6 Nonpriority creditor's name and mailing address  
**SMALL BUSINESS ADMINISTRATION**  
**273 AVENIDA JUAN PONCE DE LEON**  
**San Juan, PR 00917**

Date(s) debt was incurred

Last 4 digits of account number **5504**

As of the petition filing date, the claim is: *Check all that apply.*

**\$37,800.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: **COMMERCIAL PROPERTY IMPROVEMENTS**

Is the claim subject to offset? ☒ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the  
related creditor (if any) listed?

Last 4 digits of  
account number, if  
any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <b>2,000.00</b>
5b. +	\$ <b>65,396.00</b>

5c.	\$ <b>67,396.00</b>
-----	---------------------

Fill in this information to identify the case:

Debtor name **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest  
**Contract with medical plan to provide ambulance services. EFFECTIVE SINCE APRIL 2009**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**FIRST MEDICAL HEALTH PLAN, INC.  
LOTE 510 FORNTAGE RD  
Guaynabo, PR 00966**

2.2. State what the contract or lease is for and the nature of the debtor's interest  
**Contract for billing software. EFFECTIVE SINCE 2016.**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**INMEDIATA HEALTH GROUP COPR  
636 AVE SAN PATRICIO  
3RD FLOOR  
San Juan, PR 00920**

2.3. State what the contract or lease is for and the nature of the debtor's interest  
**Contract with medical plan to provide ambulance services. EFFECTIVE SINCE OCTOBER 2023**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**MCS CLASSICARE  
MCS PLAZA SUITE 105  
1919 PONCE DE LEON AVENUE  
San Juan, PR 00916**

Debtor 1 **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**  
First Name Middle Name Last Name

Case number (if known)

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.4. State what the contract or lease is for and the nature of the debtor's interest

**Contract with medical plan to provide ambulance services. EFFECTIVE SINCE MARCH 2008.**

State the term remaining

List the contract number of any government contract

**MEDICARE PARTE B  
532 RIVERSIDE AVENUE  
Jacksonville, FL 32202**

2.5. State what the contract or lease is for and the nature of the debtor's interest

**Contract with medical plan to provide ambulance services. EFFECTIVE SINCE JUNE 2014.**

State the term remaining

List the contract number of any government contract

**MMM  
1052 AVE LUS MUNOS RIVERA  
5TH FLOOR  
San Juan, PR 00927**

2.6. State what the contract or lease is for and the nature of the debtor's interest

**Contract with medical plan to provide ambulance services. EFFECTIVE SINCE 2014.**

State the term remaining

List the contract number of any government contract

**MMM MULTIHEALTH VITAL  
1052 AVE LUIS MUNOZ RIVEAR  
5TH FLOOR  
San Juan, PR 00927**

2.7. State what the contract or lease is for and the nature of the debtor's interest

**Contract with medical plan to provide ambulance services. EFFECTIVE SINCE 2012.**

State the term remaining

List the contract number of any government contract

**TRIPLE S VITAL  
1052 AVE LUIS MUNOZ RIVERA  
5TH FLOOR  
San Juan, PR 00927**

Fill in this information to identify the case:

Debtor name **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206H  
**Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: **Codebtor**

Column 2: **Creditor**

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **JOSE ADALBERTO GAUTIER COLON**

**URB RIVER VALLEY PARK  
CALLE INABON K-130  
Canovanas, PR 00729**

**MMG INVESTMENTS  
IV, LLC**

☒ D **2.3**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.2 **MAYRA MARTINEZ BELTRAN**

**PMB 547  
PO BOX 6017  
Carolina, PR 00984-6017**

**MMG INVESTMENTS  
IV, LLC**

☒ D **2.3**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.3 **MAYRA MARTINEZ BELTRAN**

**PMB 547  
PO BOX 6017  
Carolina, PR 00984-6017**

**COOPERATIVA SAN  
MIGUEL**

☒ D **2.2**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

**Fill in this information to identify the case:**

Debtor name **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**From the beginning of the fiscal year to filing date:**  
From **1/01/2023** to **Filing Date**

**Sources of revenue**  
Check all that apply

☒ Operating a business  
☐ Other \_\_\_\_\_

**Gross revenue**  
(before deductions and exclusions)

**\$95,000.00**

**For prior year:**  
From **1/01/2022** to **12/31/2022**

☒ Operating a business  
☐ Other \_\_\_\_\_

**\$98,680.00**

**For year before that:**  
From **1/01/2021** to **12/31/2021**

☒ Operating a business  
☐ Other \_\_\_\_\_

**\$108,917.00**

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**

Case number (if known) \_\_\_\_\_

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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#### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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#### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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### Part 3: Legal Actions or Assignments

#### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. ORIENTAL BANK VS. MMA TRANSMEDIC AMBULANCE SERVICES CORP, ET ALS. SJ2022CV8564	FORECLOSURE AND COLLECTION OF MONEY	PUERTO RICO COMMONWEALTH COURTS SAN JUAN, PR	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

### Part 4: Certain Gifts and Charitable Contributions

#### 9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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### Part 5: Certain Losses

#### 10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Debtor **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**

Case number (if known) \_\_\_\_\_

**Description of the property lost and how the loss occurred****Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

**Dates of loss****Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. ALMEIDA & DAVILA, PSC PO BOX 191757 San Juan, PR 00919-1757		12/2023	\$7,000.00
Email or website address			
Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. URB. ALTURAS DE VILLA FONTANA CALLE 5 BLOQUE G9 Carolina, PR 00983	



Debtor **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**

Case number (if known)

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

Depository institution name and address

Names of anyone with access to it  
Address

Description of the contents

Does debtor still have it?

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☒ None

Facility name and address

Names of anyone with access to it

Description of the contents

Does debtor still have it?

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

Debtor **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**

Case number (if known) \_\_\_\_\_

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. MMA TRANSMEDIC AMBULANCE SERVICES, CORP. URB RIVER VALLEY PARK CALLE CEDRO K130 Canovanas, PR 00729	AMBULANCE SERVICES. PR REGISTER NO. 175894	Dates business existed EIN: 66-0705890 From-To 10/2/2007-PRESENT

Debtor **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**

Case number (if known) \_\_\_\_\_

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address****Date of service  
From-To**

26a.1. **IVELISSE DIAZ**  
**791 AVE ROBERTO SANCHEZ VILELLA**  
**CAMPO RICO**  
**San Juan, PR 00924**

**2018-PRESENT**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None**Name and address****If any books of account and records are  
unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the  
inventory****Date of inventory****The dollar amount and basis (cost, market,  
or other basis) of each inventory****28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

<b>Name</b>	<b>Address</b>	<b>Position and nature of any interest</b>	<b>% of interest, if any</b>
<b>MAYRA MARTINEZ BELTRAN</b>	<b>PMB 547 PO BOX 6017 Carolina, PR 00984-6017</b>	<b>PRESIDENT, VICE PRESIDENT, TREASURER, and SUB-SECRETARY</b>	<b>100%</b>
<b>Name</b>	<b>Address</b>	<b>Position and nature of any interest</b>	<b>% of interest, if any</b>
<b>JOSE A GAUTIER</b>	<b>CALLE INABON K130 URB. RIVER VALLEY PARK Carolina, PR 00984</b>	<b>SECRETARY</b>	<b>0</b>

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**☒ No☐ Yes. Identify below.**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses,

Debtor **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**

Case number (if known) \_\_\_\_\_

loans, credits on loans, stock redemptions, and options exercised?

- ☒ No  
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
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**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 27, 2023**

/s/ Mayra Martinez Beltran  
Signature of individual signing on behalf of the debtor

Mayra Martinez Beltran  
Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No  
☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court  
District of Puerto Rico

In re **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**

Debtor(s)

Case No.

Chapter

**11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☐ **FLAT FEE**

For legal services, I have agreed to accept \_\_\_\_\_ \$ \_\_\_\_\_

Prior to the filing of this statement I have received \_\_\_\_\_ \$ \_\_\_\_\_

Balance Due \_\_\_\_\_ \$ \_\_\_\_\_

☒ **RETAINER**

For legal services, I have agreed to accept and received a retainer of \_\_\_\_\_ \$ **7,000.00**

The undersigned shall bill against the retainer at an hourly rate of \_\_\_\_\_ \$ **275.00**

[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

**The fee agreement between Almeida & Davila, PSC and the debtor(s) provides that any work performed before and after the order confirming plan will be billed through an application for compensation to be filed with the Court for its approval at the regular hourly rates of \$275.00 per hour for services performed by attorneys Enrique Almeida & Zelma Dávila, \$175.00 per hour for services performed by associate attorneys; \$85.00 per hour for services performed by paralegals and \$100.00 per hour for services performed by internal accountants. Expenses will be charged at their price/cost. This disclosure should be construed in harmony with 11 USC sec. 330(a)(4)(B), rules, and all applicable orders.**

2. \$ **1,738.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:  
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:  
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  
a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;  
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;  
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  
d. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  
**This agreement does not contemplate any work in local state courts, administrative courts, or any other forum other than the Bankruptcy Court. Adversary proceedings and appeals are also outside the scope of this agreement with the debtor(s).**

In re **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**

Case No. \_\_\_\_\_

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**  
(Continuation Sheet)

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**December 27, 2023**

*Date*

**/s/ Enrique Almeida / Zelma Davila**

**Enrique Almeida / Zelma Davila 217701/218913**

*Signature of Attorney*

**Almeida & Davila, PSC**

**PO BOX 191757**

**San Juan, PR 00919-1757**

**(787)722-2500 Fax: (787)777-1376**

**info@almeidadavila.com**

*Name of law firm*

Date **December 27, 2023**

Signature **/s/ Mayra Martinez Beltran**

**Mayra Martinez Beltran**

**President**

**United States Bankruptcy Court  
District of Puerto Rico**

In re **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**

Debtor(s)

Case No.

Chapter

**11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>MAYRA MARTINEZ BELTRAN</b> <b>PMB 547</b> <b>PO BOX 6017</b> <b>Carolina, PR 00984-6017</b>		<b>100%</b>	

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **December 27, 2023**

Signature **/s/ Mayra Martinez Beltran**

**Mayra Martinez Beltran**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*



**United States Bankruptcy Court  
District of Puerto Rico**

In re **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.** Case No. \_\_\_\_\_  
Debtor(s) Chapter **11**

**VERIFICATION OF CREDITOR MATRIX**

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **December 27, 2023** **/s/ Mayra Martinez Beltran**  
**Mayra Martinez Beltran/President**  
Signer/Title

MMA TRANSMEDIC AMBULANCE SERVICE, INC. COPR  
PMB 547 PO BOX 6017  
CAROLINA, PR 00984-6017

FIRST MEDICAL HEALTH GROUP COPR  
636 AVE SAN PATRICIO  
3RD FLOOR  
SAN JUAN, PR 00920

MMM MULTIHEALTH VITAL  
1052 AVE LUIS MUNOZ RIVEAR  
5TH FLOOR  
SAN JUAN, PR 00927

ENRIQUE ALMEIDA / ZELMA DAVILA  
ALMEIDA & DAVILA, PSC  
PO BOX 191757  
SAN JUAN, PR 00919-1757

INTERNAL REVENUE SERVICE  
BANKRUPTCY DEPT.  
PO BOX 7346  
PHILADELPHIA, PA 19101-7346

ORIENTAL BANK  
BANKRUPTCY DEPT.  
PO BOX 195115  
SAN JUAN, PR 00919

AUTORIDAD DE ACUEDUCTOS Y ALCAHOLIC  
DIVISION DE QUIEBRAS PISO 3  
PO BOX 7066  
SAN JUAN, PR 00916-7066

JOSE RIALA  
BERNABERTO GAUTIER COLON  
URB RIVER VALLEY PARK  
CALLE INABON K-130  
CANOVANAS, PR 00729

POPULAR AUTO INC.  
BANKRUPTCY DEPT.  
PO BOX 366818  
SAN JUAN, PR 00936-6818

B2B  
MIRAMAR PLAZA 954  
AVENIDA DE LA CONSTITUCION SUITE 501  
SAN JUAN, PR 00907

JUEAN PAUL JULIA, ESQ.  
PO BOX 364908  
SAN JUAN, PR 00936-4908

PUERTO RICO TREASURY DEPA  
235 AVE ARTERIAL HOSTOS  
SAN JUAN, PR 00918

CAPITAL CROSSING  
PO BOX 70111  
SAN JUAN, PR 00936

MAYRA MARTINEZ BELTRAN  
PMB 547  
PO BOX 6017  
CAROLINA, PR 00984-6017

RIVERA MUNICH ELIZA & HERN  
PO BOX 364908  
SAN JUAN, PR 00936-4908

COOP A/C ORIENTAL  
BANKRUPTCY DEPT  
PO BOX 876  
HUMACAO, PR 00792

MCS CLASSICARE  
MCS PLAZA SUITE 105  
1919 PONCE DE LEON AVENUE  
SAN JUAN, PR 00916

SMALL BUSINESS ADMINISTRAT  
273 AVENIDA JUAN PONCE DE L  
SAN JUAN, PR 00917

COOPERATIVA SAN MIGUEL  
#77 CALLE GEORGETTI  
NARANJITO, PR 00719

MEDICARE PARTE B  
532 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32202

TRIPLE S VITAL  
1052 AVE LUIS MUNOZ RIVERA  
5TH FLOOR  
SAN JUAN, PR 00927

FIRST MEDICAL HEALTH PLAN, INC.  
LOTE 510 FORNTAGE RD  
GUAYNABO, PR 00966

MMG INVESTMENTS IV, LLC  
C/O MIDWEST SERVICING 3, INC.  
3144 S. WINTON RD.  
ROCHESTER, NY 14623

FONDO DE SEGURO DEL ESTADO  
BANKRUPTCY DEPT  
PO BOX 70181  
SAN JUAN, PR 00936

MMM  
1052 AVE LUS MUNOS RIVERA  
5TH FLOOR  
SAN JUAN, PR 00927

**United States Bankruptcy Court  
District of Puerto Rico**

In re **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**

Debtor(s)

Case No.

Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**December 27, 2023**

Date

**/s/ Enrique Almeida / Zelma Davila**

**Enrique Almeida / Zelma Davila 217701/218913**

Signature of Attorney or Litigant

Counsel for **MMA TRANSMEDIC AMBULANCE SERVICES, CORP.**

**Almeida & Davila, PSC**

**PO BOX 191757**

**San Juan, PR 00919-1757**

**(787)722-2500 Fax:(787)777-1376**

**info@almeidadavila.com**